

STATE OF HAWAII
STATE PROCUREMENT OFFICE
REGISTRATION STATEMENT
OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY
(CHAPTER 103F, HRS)

1. APPLICANT INFORMATION:

Legal Name: _____

DBA: _____

2. CONTACT PERSON FOR MATTERS INVOLVING THIS STATEMENT:

Name: _____

Title: _____

Phone: _____ Fax: _____

e-mail: _____

3. ADDRESS:

Street Address:

Mailing Address:

4. TYPE OF BUSINESS ENTITY:

- ☐ NON PROFIT CORPORATION
☐ FOR PROFIT CORPORATION
☐ LIMITED LIABILITY COMPANY
☐ SOLE PROPRIETORSHIP
☐ PARTNERSHIP

5. GEOGRAPHIC AREA(S) APPLICANT IS INTERESTED IN SERVING:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> EAST HAWAI'I | <input type="checkbox"/> KAUAI |
| <input type="checkbox"/> WEST HAWAI'I | <input type="checkbox"/> LEEWARD O'AHU |
| <input type="checkbox"/> MAUI | <input type="checkbox"/> CENTRAL O'AHU |
| <input type="checkbox"/> MOLOKA'I | <input type="checkbox"/> WINDWARD O'AHU |
| <input type="checkbox"/> LANA'I | <input type="checkbox"/> HONOLULU |

6. GENERAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:

- ☐ CHILDREN: 0-3 YEARS OF AGE
☐ CHILDREN: 3-5 YEARS OF AGE
☐ CHILDREN: 5-10 YEARS OF AGE
☐ CHILDREN: 10-12 YEARS OF AGE
☐ ADOLESCENTS: 12-18 YEARS OF AGE
☐ ADOLESCENTS AND ADULTS: 18-21 YEARS OF AGE
☐ ADULTS: 21-59+ YEARS OF AGE
☐ ELDERS: 60+ YEARS OF AGE
☐ FAMILIES
☐ OTHER _____

7. SPECIAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:

- ☐ CHILDREN WITH SPECIAL NEEDS UNDER THE AGE OF 3
☐ CHILDREN WITH SPECIAL NEEDS OVER THE AGE OF 3
☐ INCARCERATED YOUTH
☐ ADJUDICATED YOUTH RESIDING IN THE COMMUNITY
☐ CHILDREN AND ADOLESCENTS IN NEED OF MENTAL HEALTH SERVICES
☐ CHILDREN WHO HAVE BEEN HARMED OR ARE THREATENED WITH HARM AND THEIR FAMILIES
☐ SERIOUSLY MENTALLY ILL ADULTS
☐ PERSONS WITH DEVELOPMENTAL DISABILITIES/MENTAL RETARDATION
☐ INCARCERATED ADULTS
☐ ADULTS UNDER THE SUPERVISION OF THE COURTS
☐ DEPENDANT OR DISABLED ADULTS OVER THE AGE OF 18
☐ IMMIGRANTS/REFUGEES
☐ OTHER _____

STATE PROCUREMENT OFFICE
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(CHAPTER 103F, HRS)

WHEREAS, the undersigned provider of health and human services (the "Provider") is interested in competing for contracts awarded by the State of Hawai'i (the "State") for the provision of health and human services to Hawai'i residents, and desires to make this Registration Statement of Provider Responsibility ("Statement") in an effort to help promote greater efficiency in the competitive purchase of service procurement process pursuant to chapter 103F, HRS; and

WHEREAS, this Statement covers only general factors governing the responsibility of providers, and individual state agencies may have more or less stringent requirements for establishing the responsibility of providers;

NOW, THEREFORE, the Provider makes the following statements and representations as evidence of the Provider's responsibility, compliance with applicable law, and sound business practices:

1. Tax Clearance Certificate. The Provider has obtained, or will obtain before any award of a contract to the Provider, a tax clearance certificate for both federal and state taxes.
2. Liability Insurance. The Provider has obtained, or will obtain before any award of a contract to the Provider, liability insurance in the amount of at least one million dollars (\$1,000,000).
3. Discrimination. The Provider is in compliance with all applicable federal, state, and county laws forbidding discrimination, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
4. Persons with Disabilities. The Provider is in compliance with all applicable federal, state, and county laws governing the treatment of persons with disabilities, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
5. Smoking. The Provider is in compliance with Chapter 328K, HRS, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
6. Drug-Free Workplace. The Provider is in compliance with the Drug Free Workplace Act of 1988, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
7. Licenses and Permits. The Provider has all licenses, certifications, and permits required by applicable federal, state, and county law in order to conduct the Provider's business, and shall maintain such licenses, certifications, and permits throughout the term of any contract awarded to the Provider by the State.

